

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007

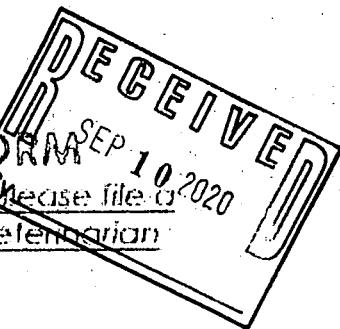
PHONE (602) 364-1PET (1738) FAX (602) 364-1039

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COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian, please file a separate Complaint Investigation Form for each veterinarian.

PLEASE PRINT OR TYPE



FOR OFFICE USE ONLY

Date Received: Sept 10, 2010 Case Number: 21-21

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Bret Cordes

Premise Name: Arizona Animal Hospital

Premise Address: 31319 N Scottsdale Rd, Suite D

City: Scottsdale State: AZ Zip Code: 85266

Telephone: 480-686-8083

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Anna Schwartz

Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Okie
Breed/Species: Australian Kelpie (canine)
Age: 9 Sex: Female Color: Tri-color

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Megan Schaible, DVM,
Southwest Veterinary Surgical Service
22595 N Scottsdale Rd #120
Scottsdale AZ 85255
480-339-2200

E. WITNESS INFORMATION:

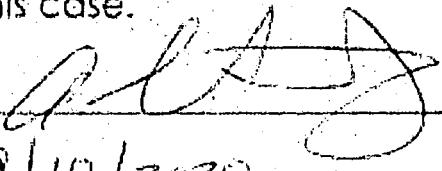
Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Cindy DiFranco, DVM (retired)

[REDACTED]
[REDACTED]
[REDACTED]

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: 
Date: 9/10/2020

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On June 13, 2020 my dog, Okie, jumped off a bed and cried out in pain - clearly sustaining an acute injury to her right hind leg. She was limping, panting and in pain when I took her to see Bret Cordes on June 15, 2020. He took her to the back to obtain x-rays and presumably do a physical exam. I heard Okie cry in pain during the x-rays. Cordes told me she had some arthritic changes in her knees bilaterally, severe sacro-lumbar stenosis and some cauda equina. He explained that this was a serious problem that would only get worse and be the cause of her demise. He recommended a series of 6 laser treatments. If that did not improve her symptoms he would give her a trial of steroids but explained that steroids were last resort and had severe consequences - seldom helping much and really not to hold too much hope. I proceeded with the laser treatments and Okie continued to get worse - uncontrolled pain, increased panting, and extreme difficulty walking with an obvious limp. She did not want to put weight on her right hind leg.

At each subsequent visit I told the techs she was getting worse. On June 23rd she was panting so hard and fast that I requested another appointment. At our visit on June 24, 2020 Cordes said she might get worse before she gets pain relief. He prescribed hemp oil and explained that the summer heat makes dogs do this and that she's probably depressed from lack of activity. He reiterated that this was a serious problem that would lead to hard decisions. During this visit I reminded him that this happened acutely and that stenosis is a chronic insidious problem. He dismissed this and again explained this was a serious problem that if the pain wasn't controlled I could try keeping her in a crate for an extended period of time (many months).

On June 29, 2020 we had another appointment at which time Cordes told me she was probably depressed from lack of activity because she was a working dog. I inquired about obtaining an MRI and he dissuaded me - telling me that it would cost a lot of money and that the surgery would most likely be a failure and only make her suffer more. He also told me he had seen another doctor whose dog had the same problem.

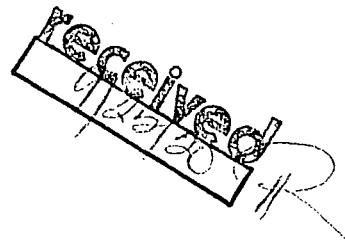
After 3 weeks and 6 sessions of laser we met again and Okie was prescribed a trial of prednisolone. Cordes was very negative about her future. The prednisolone did nothing to improve her pain or mobility. At this point I was in disbelief that this could possibly be lumbosacral stenosis in an otherwise healthy, athletic dog. I called my retired veterinarian friend, Cindy DiFranco, and asked if she could look at Okie. At first glance she said, "Okie does not have a back injury! It's her knee or hip." Cindy did a thorough examination and said she had a cranial cruciate tear and severe arthritic changes in her right knee. The left knee was fine. This was July 11, 2020.

July 16, 2020 Okie was seen by Megan Schaible, DVM, at Southwest Veterinary Surgical Service. She examined Okie and took x-rays. Okie had a complete tear of her right cranial cruciate and severe arthritic changes. Schaible recommended TPLO surgery. Labs were ordered prior to surgery and revealed extremely elevated liver functions presumably from the prednisolone. Dr. Schaible recommended a liver biopsy and I asked her to proceed with the biopsy and TPLO surgery.

Okie is now 8-weeks post surgery and recovering well. She is on no pain medication and moving well. The missed diagnosis of the most common hind limb canine injury is inexcusable. The pain and suffering endured by this stoic dog is wrong!

A copy of her medical record is attached.

21-21



9/24/2020

Dear Arizona Veterinary Medical Board,

I have reviewed the complaint and the medical record.

Our exam on Okie on 6/15 was performed in front of the owner. Okie is a strong stoic, anxious dog. Physical exam showed no overt signs of lameness or pain on palpation including both knees. Her core was tense. No Drawer sign. X-rays were taken where back and knee changes were noted and a 3 week treatment/rehab/pain plan began. In this case, it is not prudent to jump too quickly to surgery if multiple issues are suspected. Back pain took priority and was our initial working diagnosis. My wife (an orthopedic rehab expert) has told me that human medicine would approach such findings the same way. Recent rads showed IVDDZ as a differential diagnosis for her previous episode of pain that was self-limiting. Recent labs were excellent with only one mild liver elevation. Okie had handled all her meds well in the past. Owner and I agreed that pain control was a primary concern, time would be needed. Okie's owner agreed to our multi-mode approach to pain control and to give Okie time to heal. We had the understanding we would follow-up after the 3 week plan to re-assess. Our term here was only 17 days. The owner never followed up after day 17.

I should share my philosophy with respect to my approach in this case. I charted my findings by exception: specific to this case, allowing time to treat pain and leaving the case open-ended for follow-up as needed. We take pride in that approach and in this case with no drawer sign, a recurrent complaint of forelimb lameness and possible IVDDZ, pain control was our main concern in the short term. Recent lab evaluations show minor changes in serum chemistries and a short course of steroid was trialed for pain control during this 17 day engagement.

I read the owners letter and feel she is confusing empathy with negativity. Our conversations are taken completely out of context in the letter. We are a very compassionate bunch and understand how important this dog is to its owner. The tone of the letter is not consistent with the core values of our practice. I only remember respectful discussion with Okie's mom and I always make myself available, even without an appointment.

We worked with this owner to get an appointment with a specialist as soon as possible. It is a testimony to our team's efforts to find solutions. During COVID, essentially all surgical practices we work with were booked out several weeks for routine surgeries like ACL. Earlier in the year such procedures were cancelled and considered elective. Dogs with ACL are controlled well with pain meds

and often wait several weeks for surgery. What I am saying here is that we did not let this dog suffer the way the owner suggests. Okie had multi-mode pain control the entire time under our 17 days of care.

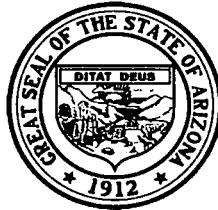
I have been a veterinarian for nearly 25 years, worked in surgical specialty practice for 4 years as a technician and know how to evaluate a knee. We collaborate and refer all our knees to local specialists for surgery and often. I would also say that in my professional opinion, a liver FNA/biopsy seems unnecessary to rush to perform and if it is such a concern, then it is also another reason not to rush into a knee surgery. I am concerned that this dog will still have recurring pain. It seems impossible to know for sure if performing an ACL surgery was the absolute cure for this dog with several areas of concern and with a pattern of recurring pain. In the end, I hope Okie gets to go back out to the ranch to be herself again.--

Respectfully,



Dr. Brett Cordes

DOUGLAS A. DUCEY
- GOVERNOR -



VICTORIA WHITMORE
- EXECUTIVE DIRECTOR -

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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: AM Investigative Committee: Robert Kritsberg, DVM - Chair
Christina Tran, DVM
Carolyn Ratajack
Jarrod Butler, DVM - **Absent**
Steven Seiler

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Marc Harris, Assistant Attorney General

RE: Case: 21-21

Complainant(s): Anna Schwartz

Respondent(s): Brett Cordes, DVM (License: 4085)

SUMMARY:

Complaint Received at Board Office: 9/10/20

Committee Discussion: 2/2/21

Board IIR: 3/17/21

APPLICABLE STATUTES AND RULES:

Laws as Amended August 2018
(Lime Green); Rules as Revised
September 2013 (Yellow)

On June 15, 2020, "Okie," a 9-year-old female Australian Kelpie was presented to Respondent due to an acute right hind leg injury. Respondent examined the dog and performed radiographs – Complainant was advised that the dog had arthritic changes in her knees bilaterally and severe sacro-lumbar stenosis. Laser treatment was recommended; Complainant agreed.

The dog continued to limp and be in pain therefore Complainant had a friend evaluate the dog; cranial cruciate ligament injury was suspected.

On July 16, 2020, the dog was presented to Dr. Schaible for a second opinion. The dog was diagnosed with a right cranial cruciate ligament rupture and TPLO surgery was performed.

Complainant was noticed and appeared telephonically.

Respondent was noticed and appeared telephonically.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: Anna Schwartz
- Respondent(s) narrative/medical record: Brett Cordes, DVM
- Consulting Veterinarian(s) narrative/medical records: Megan Schaible, DVM
- Witness(es) statement: Cynthia DiFranco, DVM

PROPOSED 'FINDINGS of FACT':

1. On June 13, 2020, the dog jumped off Complainant's bed and cried out in pain. She was limping on her right hind limb, in pain and panting.
2. On June 15, 2020, the dog was presented to Respondent for problems walking. Complainant reported that the dog was lame on the right rear leg and was painful over the weekend. The dog was currently on fluconazole, gabapentin, carprofen and adequan. Upon exam, the dog had a weight = 49 pounds, a temperature = 100 degrees, a heart rate = 126bpm and a respiration rate = panting. Respondent's records show the dog had a normal gait, no lameness. Radiographs were performed and showed arthritic changes; lumbar-sacral arthritis. Respondent recommended performing laser therapy twice a week for three weeks to see how the dog responds – he also discussed MSM Glucosamine chews.
3. According to Complainant, Respondent told her that the dog had arthritic changes in her knees bilaterally, severe sacro-lumbar stenosis and some cauda equine. He explained that this was a serious problem that would only get worse and be the cause of her demise. Respondent recommended 6 laser treatments and if that did not improve her symptoms he would give her a trial of steroids as a last resort.
4. Respondent stated in his narrative, that the dog was strong, stoic, anxious dog. Upon exam, there were no signs of lameness or pain on palpation including the knees – no drawer sign. Radiographs showed back and knee changes therefore a 3 week treatment/rehab/pain plan began.
5. On June 17, 2020, the dog was presented to Respondent for laser treatment. No vitals noted; exam shows the dog's gait was normal.
6. Complainant relayed that the dog continued to get worse; uncontrolled pain, increased panting, and extreme difficulty walking with an obvious limp. The dog did not want to put weight on her right hind limb. At each visit, she advised technical staff that the dog was getting worse.
7. On June 23, 2020, Complainant noted that the dog was panting hard and fast thus requested another appointment with Respondent.
8. On June 24, 2020, the dog was presented to Respondent for shaking and shortness of breath. Respondent made an addendum to the medical record on 9/24/20 (after receiving the complaint – addendums not documented in Complainant's medical records); exam performed on the ground in front of the pet owner and no drawer signs were identified – core was tense and suspected back pain – previous radiographs showed DJD and IVDD. Respondent felt the dog was anxious and suspected restricted activity and pain could be leading to her

anxiety/panting. Respondent prescribed gabapentin and hemp oil soft gels.

9. According to Complainant, Respondent advised that the dog may get worse before she got pain relief. The dog was likely depressed due to lack of activity. Respondent reiterated that this was a serious problem that would lead to hard decisions if the pain was not controlled; Complainant could try keeping the dog in a crate for an extended period of time – many months. Complainant stated to Respondent that the injury happened acutely and stenosis is a chronic insidious problem. Respondent prescribed hemp oil to the dog.

10. On June 26, 2020, the dog was presented to Respondent for laser treatment. No vitals taken; exam stated the dog's gait was normal, no lameness.

11. On June 29, 2020, the dog was presented to Respondent for laser treatment. No vitals taken; exam stated the dog's gait was normal, no lameness. According to Complainant, Respondent told her that the dog was probably depressed due to a lack of activity. Complainant asked about obtaining an MRI – Respondent dissuaded her, stating that it was costly - surgery would likely fail and only make the dog suffer.

12. On July 2, 2020, the dog was presented to Respondent for laser treatment. No vitals taken; exam stated the dog's gait was normal, no lameness. Respondent made addendums to the medical record stating that medications were discussed with Complainant and were changed from NSAIDs to prednisone. Tramadol, trazadone and prednisolone was dispensed.

13. According to Complainant, Respondent was negative about the dog's future. The prednisolone did nothing to improve the dog's pain or mobility. Complainant stated that she was in disbelief that the dog's issues were possibly sacro-lumbar stenosis in an otherwise healthy, athletic dog. She contacted a friend who was a retired veterinarian to ask if she could look at the dog.

14. On July 11, 2020, Dr. DiFranco evaluated the dog – the dog was non-weight bearing on the right hind limb. There was no suggestion of lower back pain due to spinal stenosis but the dog was definitely in pain from the right rear leg. The knee joint was swollen, hot and hard, with minimal range of motion. Dr. DiFranco stated it was obviously a knee issue and recommended taking the dog to an orthopedic surgeon to make a definitive diagnosis of anterior cruciate ligament rupture.

15. On July 16, 2020, the dog was presented to Dr. Schaible for a second opinion for right hind limb lameness. A diagnosis of a right cranial cruciate ligament rupture was confirmed and it was recommended admitting the dog for radiographs, blood work and TPLO surgery. Since blood work showed elevated liver enzymes – likely due to recent medications used (fluconazole and prednisone) – an abdominal ultrasound was performed. Based on the results, a fine needle aspirate of the liver was obtained and the dog underwent TPLO surgery since the liver changes were likely a benign drug hepatopathy.

16. The TPLO surgery was performed and the dog stayed overnight with Dr. Schaible. The Valley Fever test was negative thus Dr. Schaible advised discontinuing the fluconazole, starting on denamarin liver support, and rechecking the liver enzymes in 2 – 3 months.

17. Dr. Schaible rechecked the dog a couple times for suture removal and post-surgical radiographs; the dog recovered as expected.

18. Respondent stated in his narrative that he did not let the dog suffer as Complainant suggests. The dog had multi-mode pain control the entire time under his care.

COMMITTEE DISCUSSION:

The Committee discussed that for several weeks the dog was painful. The Committee felt the case was mismanaged with respect to the care of the dog. There were obvious communication issues occurring between what the pet owner was relaying to the premises and what was making its way into the medical record and what Respondent was aware of.

The Committee also had concerns Respondent altered the medical records. The Committee noted that the dog was not examined nor had vitals checked when presented to Respondent for laser therapy on multiple occasions. Respondent indicated there was a default template for an exam at each visit – computer generated.

The Committee was concerned that Respondent stated he palpated the dog's knees and did not identify pain or lameness. Sedation was not offered to be able to perform a more thorough exam of the dog; some dogs can be tense making it difficult to evaluate. Information received from the retired veterinarian was that there was no question that the dog had a cruciate issue. The Committee was not saying that the dog did not have other issues but there was no doubt the cruciate was the acute injury. The dog improved shortly after the cruciate repair surgery indicating that was the main problem. The dog may have had other orthopedic issues occurring but those were not causing the acute rear leg lameness.

The Committee felt the dog was misdiagnosed and the dog suffered unnecessarily for three weeks.

The Committee discussed the hemp oil used; questioned its efficacy and the ability to use in veterinary medicine.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that possible violations of the Veterinary Practice Act occurred.

COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board find:

ARS § 32-2232 (11) Gross negligence; treatment of a patient or practice of veterinary medicine resulting in injury, unnecessary suffering or death that was caused by carelessness, negligence or the disregard of established principles or practices. Respondent misdiagnosed and mismanaged the case – the pet owner reported the dog's ongoing pain and there was no follow-up besides laser therapy.

ARS § 32-2232 (12) as it relates to AAC R3-11-501 (9) a veterinarian shall not make a false statement on or alter any document, record, or report concerning treatment of an animal. Respondent added information to the dog's medical record for visits on 6/24/20 and 7/2/20 after receiving the complaint.

ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (4) failure to examine the dog when presented for veterinary medical services and document the results in the medical record on 6/17/20, 6/26/20, 6/29/20 and 7/2/20.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

TR

Tracy A. Riendeau, CVT
Investigative Division

DOUGLAS A. DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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CERTIFIED MAIL
9489009000276155131220

May 25, 2021

Brett Cordes, DVM
ADDRESS ON FILE

LETTER OF CONCERN – 21-21 - In Re: Brett Cordes, DVM

Dear Dr. Cordes:

At its meeting on April 21, 2021, the Arizona State Veterinary Medical Examining Board considered information presented in the complaint case filed by Anna Schwartz regarding her pet "Okie" Schwartz.

In each case, the Board considers the situation and the professional's response, as well as all relevant information. In this matter, after review and discussion, the Board voted to issue you a Letter of Concern pursuant to A.R.S. § 32-2234(D). This Letter of Concern is regarding the need to ensure that exam findings are written into the medical record in a timely manner to avoid making addendums at a later date, and following up with the animal's care if there are reports of no improvement following a prescribed therapy.

A Letter of Concern is defined in A.R.S. § 32-2201(12) as "...an advisory letter to notify a veterinarian that, while there is insufficient evidence to support disciplinary action about certain aspects of the case, the Board believes the veterinarian should modify or eliminate certain practices and that continuation of the activities that led to the information being submitted to the Board may result in action against the veterinarian's license."

We hope you will take this advisory letter in the spirit that it is intended to avoid any other potential violations in the future.

Respectfully,
FOR THE BOARD

A handwritten signature in black ink that reads "Victoria Whitmore".

Victoria Whitmore
Executive Director

cc: Anna Schwartz
David Stoll, Esq.

DOUGLAS. A DUCEY
GOVERNOR



VICTORIA WHITMORE
EXECUTIVE DIRECTOR

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IN ACCORDANCE WITH § A.R.S. 32-2237(D): "IF THE BOARD REJECTS ANY RECOMMENDATION CONTAINED IN A REPORT OF THE INVESTIGATIVE COMMITTEE, IT SHALL DOCUMENT THE REASONS FOR ITS DECISION IN WRITING."

At the April 21 2021 meeting of the Arizona State Veterinary Medical Examining Board, the Board conducted an Informal Interview in Case 21-21, Brett Cordes, DVM.

The Board considered the Investigative Committee Findings of Fact, Conclusions of Law, and Recommended Disposition:

- ❖ ARS § 32-2232 (11) Gross negligence; treatment of a patient or practice of veterinary medicine resulting in injury, unnecessary suffering or death that was caused by carelessness, negligence or the disregard of established principles or practices. Respondent misdiagnosed and mismanaged the case – the pet owner reported the dog's ongoing pain and there was no follow-up besides laser therapy.
- ❖ ARS § 32-2232 (12) as it relates to AAC R3-11-501 (9) a veterinarian shall not make a false statement on or alter any document, record, or report concerning treatment of an animal. Respondent added information to the dog's medical record for visits on 6/24/20 and 7/2/20 after receiving the complaint.
- ❖ ARS § 32-2232 (21) as it relates to AAC R3-11-502 (L) (4) failure to examine the dog when presented for veterinary medical services and document the results in the medical record on 6/17/20, 6/26/20, 6/29/20 and 7/2/20.

Following the informal interview with Respondent, the Board did not feel this incident rose to the level of a violation and voted to issue Respondent a Letter of Concern with respect to ensuring exam findings are written into the medical record in a timely manner to avoid making addendums at a later date and following up with the animal if there are reports of no improvement following a prescribed therapy.

Respectfully submitted this 19th day of May, 2021.